

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 JUL 16 PM 2:14  
Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

GABRIEL GOMEZ FOR SENATE

ADDRESS (number and street)

☒ (Check if address is changed)

C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

BEVERLY

CITY ▲

MA

STATE ▲

01915

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

GOMEZ@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

07 / 13 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00541540

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

*Bradley T. Crate*

Signature of Treasurer BRADLEY T CRATE

Date

07 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

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## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

GABRIEL GOMEZ

Candidate Party Affiliation

REP

Office Sought:

☐

House

☒

Senate

☐

President

State

MA

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

**GABRIEL GOMEZ FOR SENATE****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name BRADLEY T CRATE

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

BEVERLY

MA

01915

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617

848

8887

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer BRADLEY T CRATE

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

BEVERLY

MA

01915

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

617

848

8887

201507160200198688

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2015071602001986607

# FedEx®

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ORIGIN ID:MXGA  
BRADLEY CRATE  
RED CURVE SOLUTIONS  
500 CUMMINGS CENTER  
SUITE 4400  
BEVERLY, MA 01915  
UNITED STATES US

(617) 848-8887

SHIP DATE: 13 JUL 15  
ACTWGT: 1.00 LB  
CAD: 105653717/NET3670

BILL SENDER

TO SENATE OFFICE OF PUBLIC RECORDS  
SECRETARY OF THE SENATE  
232 SENATE HART OFFICE BUILDING

WASHINGTON DC 20510

REF: GOMEZ REPORT

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PO:

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	7/14/15	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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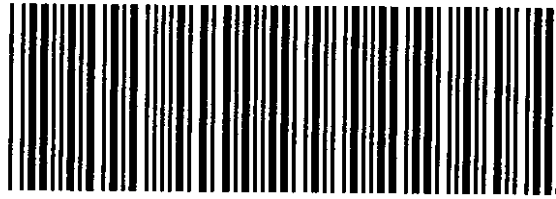
FAX \_\_\_\_\_  
Date of Receipt

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Date of Receipt or Postmark

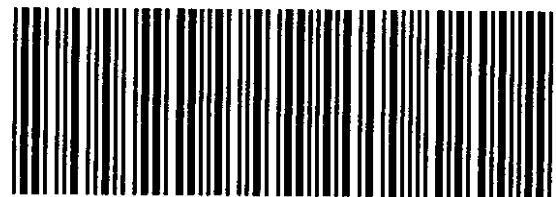
PREPARER DH DATE PREPARED 7-16-15

2/28/2015

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